see resemblances and alliances between nervous disorders which in their symptoms betray little similarity.—*Lancet*, Oct. 16, 1875.

20. *Treatment of Chorea by Ether-Spray and Ice-Water Lotions along the Vertebral Column.*—Dr. FABRY has brought together in his *Thèse de Paris*, April 16, 1875, No. 107, the cases he saw whilst in Dr. Perroud's wards at Lyons of the treatment of chorea by ether-spray. This therapeutic means, employed for the first time in 1866 by M. Lubetski, a physician at Warsaw, has yielded very satisfactory results in M. Perroud's hands. The ether-spray is applied along the vertebral column by means of any spray-producers, especially those of Richardson and Marmier Each application lasts from four to eight minutes; at the commencement of the treatment three applications *per diem* are made, and the number is then reduced to two. Ice produces the same effect as ether-spray; the effects being produced by moving a piece of ice along the vertebral column for five minutes. These two methods act on the excito-motor point of the nervous centres by their refrigerant revulsive action. —*London Med. Record*, Nov. 15, 1875.

21. *Nitrite of Amyl in Nervous Cephalalgia.*—Dr. LITHGOW states (*Lancet*, Oct. 16, 1875) that he has been in the habit of using nitrite of amyl in nervous headaches as recommended by Sir J. Y. Simpson, and where due care was taken in the selection of cases, he has never known it to fail to produce entire and almost immediate relief. "In several instances," he says, "I have had to increase or repeat the dose, but, as a general rule, two drops have been sufficient.

"I place two drops on the palm of the patient's hand, and, quickly diffusing these with my finger over the palmar surface, I tell her to cover her mouth and nose with her hand, and to inspire deeply and quietly. No time should be lost after the nitrite is dropped on the hand, as it evaporates rapidly. The patient should be seated while inhaling, as the peculiar effects of the nitrite are produced almost instantaneously, and may occasionally alarm a very nervous or hysterical female. Fortunately these symptoms last a very short time—generally less than two or three minutes—and with their cessation the pain almost invariably ceases. Two drops may be given as a draught in water, instead of by inhalation, but I have found the latter mode much more satisfactory.

. . . "Used as I have just recommended, I don't think there is the slightest risk in its administration; but, owing to the temporary palpitation of the heart produced in most patients, care should be taken in administering it in cases of organic cardiac disease, etc. Should any excitement or other alarming symptom occur, cold affusion to the head, face, and chest, with a free supply of fresh air, are the proper means to use, but I have never had occasion to do so. The nitrite (which is cheap) should be procured from reliable makers only, and, as an economic suggestion, I recommend any one using it to preserve it in a stoppered glass bottle, having an additional glass cap-cover."

22. *Tincture of Gelseminum in Neuralgia.*—Dr. SPENCER THOMSON extols (*Lancet*, Nov. 6, 1875) the beneficial effects of tincture of gelseminum in neuralgic pain of the jaws generally, and of the teeth and alveoli more particularly. He gives it in doses of twenty minims, and if this does not afford relief in an hour and a half or two hours, he repeats the dose. He has rarely had to order a third dose.

23. *Bromide of Potassium in Epistaxis, Uterine Hemorrhage, and Coryza.* —M. AD. GENEUIL, in a communication to *L'Union Médicale* (Nov. 4, 1875), relates four cases of epistaxis in which the hemorrhage was promptly arrested by the injection into the nostrils of a saturated solution of bromide of potassium. Two or three injections sufficed. At the same time he gave the bromide internally. He has also arrested uterine hemorrhage in one case by inserting a dossil of lint which had imbibed a saturated solution of the same salt. He considers this medicine given internally very useful in moderate uterine hemorrhage. He cured himself completely in six hours of a severe coryza by two

injections into his nostrils of a saturated solution of the bromide, and he claims to have saved the life of an infant three months of age by the same treatment.

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24. *Treatment of Spasmodic Asthma by the Subcutaneous Injection of Morphia.*—Dr. J. Keith Anderson states (*Practitioner*, Nov. 1875) that he has treated now twelve cases of spasmodic asthma by subcutaneous injections of morphia, "and the result in all cases has been a complete and perfect relief from the embarrassment of the respiration. The rapidity with which the distressing symptoms are controlled is very striking. In from five to ten minutes after the injection has been administered, the patient finds himself well *per saltum*. There is no perceptible interval between the agony of breathlessness of one moment and the perfect calm and rest of the next. I have seen a man who had been labouring to speak—jerking out his words syllable by syllable—suddenly rise to his feet, and, with easy and unembarrassed respiration, finish his remarks in an uninterrupted flow. So soon as the morphia gets fairly into the current of the circulation, that moment the spasm is relaxed, and the patient is at peace, with nothing but his exhaustion to testify to the sufferings he has undergone.

"The dose which I have used has been in all cases one-sixth of a grain of the hydrochlorate of morphia in a strong solution. In no instance has its use been followed by any more unpleasant result than slight nausea. This effect has not occurred on more than one or two occasions, from which I infer that the relaxation of spasm is by no means dependent on its production.

"In no attack has there been any tendency to the recurrence of breathlessness after the first effects of the morphia have passed off. I have been inclined to believe that its use has been succeeded by an unusually long immunity from further attacks.

"I may add that those who have once experienced the rapid and unfailing relief of the subcutaneous injection are no longer content to await the action of the more uncertain remedies to which they had formerly been accustomed to resort."

[Three years ago the attention of the readers of this Journal was called by Dr. Moss of Chestnut Hill, Penna., to the efficacy of this treatment in autumnal catarrh.]

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25. *Rheumatic Pleurisy.*—The *Gazette des Hôpitaux*, of July 17 last, No. 83, contains a clinical lecture delivered by Professor Lasegue, on a case of pleurisy at La Pitié. The patient was a tall, stout-built, almost plethoric Alsatian, aged thirty years—a policeman, exposed to cold and wet in his vocation. On March 6 he had a rigor, followed by feverishness and copious perspirations. Almost simultaneously he felt acute pains all over the right side of the chest, intensified by movement and respiration. Decubitus on the left side and cough were almost impossible. Even deglutition was painful. After some days, the pains persisting, though over a more limited area, he entered the hospital, still suffering considerable pyrexia; and pleurisy was diagnosed, over a very limited space, near the base of the right lung, behind. The stabbing pain was most intense just below the nipple, and was very severe. Wet cupping over the affected spot gave great relief; the next day, the ninth of the attack, there was but little pain, the effusion was less, the feverishness gone. The diagnosis was *rheumatic pleurisy*. M. Lasègue thinks that pleurisy of a rheumatic nature may be distinguished by its site, its severity, its extent, and its duration. The inflammation is limited to the parietal pleura, the subcostal and intercostal *fibrous tissues*. The pain is localized, and is extremely severe, and increased by movement, like the pains of a rheumatic joint. It may, indeed, alternate with, or be metastatic with, a joint-affection. The attack is seldom prolonged very greatly, and the prognosis is favourable. The fever runs high in these attacks. On the other hand, in pleurisies which commence with the lungs or bronchial tubes, which one may therefore call visceral pleurisies, broncho- or pneumo-pleuritis, the fever is less, the stabbing *pain* is less; there is more difficulty in localizing them, and though the pain does not last so long, the disease lasts longer, and is of less favourable prognosis. It is not,